Lessons from the Front Line:

Caring for Chronic Pain Patients in the Primary Care Setting

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Best Practice Guidelines in Practice

- Education
  - Allows providers an opportunity to standardize practice based on expert consensus
  - Provides providers and patients clear evidence of the considerable risk that starts around 50 MED
  - Explain s how and why monitoring should be used
  - Consistent education of clinical staff around the biopsychosocial stressors of patients struggling with chronic pain on COAT

- Monitoring
  - Rigorous, fully delegated use of the PMP
  - Rigorous use of urine drug screening
  - Limited refills (28d)
  - Monthly visits for careful monitoring
  - Regular tracking of the MED
  - Regular tracking of function

Tracking function allows for easier decisions about COAT

- Consistent documentation of function is just as important as tracking the intensity of pain
- COAT is not working when:
  - Deteriorating function on patients on stable doses
  - Lack of improvement in function on patients newly started on COAT
  - Stable function but steadily increasing MED

Use of the PMP in practice

- PMP access is delegated to all critical clinical support staff
- PMP queries are mandatory for all
  - New patients to the practice on COAT
  - Patients under consideration for COAT
- PMP query is monthly if there is any aberrant behavior
- Limiting quantity of medications to 30 days allows for straightforward analysis

How to communicate about aberrant behaviors

- Set expectations as a provider group around opiate prescribing
- Set expectations with patients firmly on the first visit
  - Robust pain contracts are especially helpful

- Simple and direct
- Respectful and empathetic
- Utterly consistent
- “Opiates are powerful and dangerous medications. I am dedicated to helping you but I have some concerns about the following…”